STATE OF SOUTH CAROLINA  (Caption of Case)  Example: Application for a Class C Charter Certificate from  John Doe dba Doe's Limo  )  )  )  )  )  )  )  )  )  (Caption of Case)     (Caption of Case)    (Dayling and Case)    (Caption of Case)	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  TRANSPORTATION COVER SHEET  DOCKET NUMBER: 20/2 - ZZO - T  If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.
(Please type or print) Submitted by: Lighthouse Tours LLC	Telephone: 843-346-4537
Address: 405 Park Street	Fax:
Timmonsville, SC 29161	Other:
NOTE: The cover sheet and information contained herein neither replaces as required by law. This form is required for use by the Public Service C be filled out completely.  NATURE OF ACTION	fommission of South Carolina for the purpose of docketing and must
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxi	Request to Amend Scope of Authority
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency	Request
Application - Class C Stretcher Van	Exhibit
Application - Class E Household Goods	Late-Filed Exhibit
Application - Class E Hazardous Waste	Letter
Application	Proposed Order MAY
Request for Extension to Comply with Order	Publisher's Addidayit
Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded	Late-Filed Exhibit  Letter  Proposed Order  Publisher's Addidayit  Reservation Letter S  Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Request for Reinstatement	
	· · · · · · · · · · · · · · · · · · ·

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



# . 9. 2012 12:15PM

### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

### APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE

	Date: 4/23/12
CI	LASS C - CHARTER BUS
Ap of	plication is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.
1. ] - -	Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.  Lighthouse Tours LLC  405 Park Street Tim monsville, SC 2916  Street Address of Applicant
_	Mailing Address of Applicant (if different from street address)  843-346-4537  Phone  Fax  Lighthouse fours 2th Gyahoo, Com  Email Address
ì	If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)
	Select Entity Type: (Check one)  Individual Owner/Sole Proprietorship  Partnership - List names and addresses of all person having an interest in the business.  Corporation - List names and addresses of two principal officers.  Partnership Diran

# May. 9. 2012 12:16PM

## DESCRIPTION OF EQUIPMENT

MAKE	YEAR & N	MODEL	VIN#	WEIGHT EMPTY	SEATING CAPACITY
Provost	1994	H3-40	279H33408R		47
,					

## 9. 2012 12:16PM

### **INSURANCE QUOTE**

This form <u>MUST BE COMPLETED AND SIGNED</u> by an <u>AUTHORIZED INSURANCE COMPANY REPRESENTATIVE</u>, The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is	for:
	Name of April 1994
	Name of Applicant
	Address of Applicant
Amount of Premium:	Limits Quoted: (See Below)
Liability Insurance \$	Limits
The above quoted premium is for	r a term of months.
Minimum Limits - Intrastate	Only:
16 or More Passengers	* \$25,000/300,000/25,000 * Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt
	Name of Insurance Company
	Home Office Address of Company
meets the minimum insurance lim	on's Rules and Regulations relating to insurance requirements and the above quote aits prescribed. The insurance company making this quote is authorized by the surance to do business in South Carolina.
Date	Authorized Insurance Company Representative's Signature

#### NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

## ENDORSEMENT FOR MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY UNDER SECTIONS 18 OF THE BUS REGULATORY REFORM ACT OF 1982

Issued to <u>Lighthouse Tours LLC</u>	<del></del>	of 405 Park Street, Timmonsy	rille, SC 29161
Dated at <u>Stamford, CT</u>	this <u>26<sup>th</sup></u>	day of October, 2011	
Amending Policy No. <u>IXG413237</u>		Effective Date October 14th, 20	011
Name of Insurance Company <b>General S</b>	tar indemnity (	Company	
	Countersign	ed by Authorized Company Represe	
The policy to which this endorsement is attach	ed provides primary	or excess insurance, as Indicated by " []	🐧'', for the limits shown:
This insurance is primary and the company	shall not be liable fo	or amounts in excess of \$	for each accident.
X This insurance is excess and the company	shall not be liable fo	er amounts in excess of \$4,000,000	for each accident in
excess of the underlying limit of \$_1,000,000			
Whenever required by the Bureau or ICC, the endorsements. The company also agrees, up that the policy is in force as of a particular date Cancellation of this endorsement may be effective other party (said 35 days notice to comme	on telephone reques . The telephone nun cted by the company	t by an authorized representative of the ober to call is: <u>(203) 328-5700</u> or the insured by giving (1) thirty-five (2)	Bureau or the ICC, to verify
notice), and (2) if the insured is subject to the commence from the date the notice is received	i ICC's jurisdiction, b	by providing thirty (30) days notice to the	ie ICC (said 30 days notice
DEF	NITIONS AS USED I	N THIS ENDORSEMENT	
ACCIDENT includes continuous or repeat conditions which results in Public Liability value interested nor intended.	ted exposure to which the insured	MOTOR CARRIER means a for-hire motor vehicle.	e carrier of passengers by
BODILY INJURY means injury to the body, sid	ckness or discoses	PROPERTY DAMAGE means damatangible property.	age to or loss of use of
to any person, including death resulting from an	ny of these.	PUBLIC LIABILITY means liability damage.	for bodily injury, property

The insurance policy to which the endorsement is attached provides automobile liability and is amended to assure compliance by the insured, within the limits stated herein, as a for-hire motor carrier of passengers with Section 18 of the Bus Regulatory Reform Act of 1982 and the rules and regulations of the Federal Highway Administration's Bureau of Motor Carrier Safety (Bureau) and the Interstate Commerce Commission (ICC).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of flability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 18 of the Bus Regulatory Reform Act of 1982 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon, or violation

thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsements is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately to each accident and any payment under the policy because of any one accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

The Bus Regulatory Reform Act of 1982 requires limits of financial responsibility according to the type of vehicle seating capacity. It is the MOTOR CARRIER'S obligation to obtain the required limits of financial responsibility.

THE SCHEDULE OF LIMITS SHOWN DOES NOT PROVIDE COVERAGE.

The limits shown in the schedule are for information only.

#### SCHEDULE OF LIMITS

#### **Public Liability**

### For-hire motor carriers of passengers operating in interstate or foreign commerce

	Validado Constitue Constitue	Effective Date	
	Vehicle Seating Capacity	November 19,1985	
(1) Ang 16	Any vehicle with a seating capacity of 16 passengers or more.	\$5,000,000	
(2)	Any vehicle with a seating capacity of 15 passengers or less.	\$1,500,000	

 $\infty$ 

U.S. Department of Transportation

Form Approved; OMB No.: 2126-0008

Federal Mosor Cerrier Safety Administration

### ENDORSEMENT FOR MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY UNDER SECTIONS 18 OF THE BUS REGULATORY REFORM ACT OF 1982

Issued to LIGHTHOUSE	E TOURS LLC		af <u>TIM</u>	MONSVILLE,	SC 29161	
Dated at	Omaha, NE	this	19th	day of	October	.20 11
Amending Policy No	71APS03255	9	Effective	- Date	10/13/	2011
Name of Insurance Compa	any		Cofumb	ia insurance Co	ompany	
Countersigned by			They did the	اا حدم		
				Representative	· · · · · · · · · · · · · · · · · · ·	
The policy to which this en	dorsement is attached provides (	primary or exces	s însuvance,	as indicaled by 'Y	X]," for the limits shown	;
	mary and the company shall not t				1,000,000 CSL	for each accident.
[ ] This insurance is exc excess of the underly	ess and the company shall not b ing limit of \$	e fable for amor <u>for oor</u> h accide	unts in excess nt.	s of \$	·	for each accident in
verify that the policy is in fo Cancellation of this enderse party (said 35 days notice to insured is subject to the FM	Federal Motor Carrier Satety Adr sements. The company also agr roe as of a particular data. The to enterthing the particular data the co- o commence from the data the in KCSA's registration requirements.	ees, upon telepr elephone numbe moany of the ins olice is mailed, p	none request or bo call is: sured by givin	g (1) Brity-five (3	representative of the Fr 2-9 (6-3000 5) days notice in writing	ASCA, to to the other
commence from the date th		se-tatπs-oπice-in	Washington,	D.C.).		
Accident includes continuo	US 01 repealed excesure to cond	itions			re carrier of passenger	hara a second
or which results in boody inj damage which the incured r	ury, property damage, or environ reither expected nor intended.	mentaj			mage to or loss of use (	
Bodily Injury means injury to any person, including death	o the body, sickness, or disease resulting from any of these.	(o		ility means liabilit	y far bodily injury ou pro	parly damage.
provides automobile liability compliance by the insured, v or-hite motor carrier of pass	ch this endorsement is attached insurance and is amended to as: within the limits stated herein, as engers, with Section 19 of the 8 is 60 and the rules and regulations Administration.	<b>3</b>	described, in bankruptcy o However, all	respective of the of the insured.  I terms, condition:	t, within the limits of lial financial condition, inso s, and limitations in the I remain in full force and	hency or
ndorsement is altached, the Athin the limits of liability de- scovered against the insure egligence in the operation, a bject to financial responsib	um stated in the policy to which to b insurer (the compary) agrees to scribed herein, any final judgmer d for the public liability resulting f maintenance or use of motor veh silly requirements of Section (8 o	o pay, it iom ides if the	the company accident, cla for any paym make under contained in	Insured and the of for any payment in or swit involving that the complishes of this endorsement this endorsement.	company. The insured a made by the company ge breach of the terms cany would not have be the policy except for the cany would not have be the colicy except for the cany would not have be the colicy except for the cany would not have be the colicy except for the cany would not have be the colicy except for the cany would not have been policy except for	gree's to reimburse on account of any of the policy, and en obligated to agreement
ach moior vehick is specific helher or not such negligen Hikory authorized to bo sorv Suinnoe as is afforded, for c	of 1982 regardless of whether or all the solid of the policy and one occurs on any route or in any ad by the insured or elsewhere, sublic flability, does not apply to it	Such njury	pay any rotat herein, the ju competent ju	dgment recover dgment creditor n dsdiction against	reed that, upon failure o rad against the insured nay maintain an action t the company to compet	as providad n any લ્લ્લાની છો such payment.
eir employment, or property esignaled as cargo. If is und ovision, slipulation, or limita idorsement, or any other on	loyees while engaged in the cour transported by the Insured, erstood and agreed that no cond flon contained in the policy, this dorsement theroon, or violation pany from flability or from the	ilion, i	educe (fe ila Inder efit expus educe (fe ila	apply separately by because of an	bility for the amounts put to each accident and ar y one accident shall not any for the payment of I	ny payment

The Bus Regulatory Reform Act of 1982 requires firms of financial responsibility according to vehicle seating capacity, it is the MOTOR CARRIER'S obligation to obtain the required limits of financial responsibility.

THE SCHEDULE OF LIMITS SHOWN DOES NOT PROVIDE COVERAGE. The limits shown in the schedule are for information purposes only. Form MCS-90B (4/2000)

## 9. 2012 12:17PM

## ENDORSEMENT FOR MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY UNDER SECTIONS 18 OF THE BUS REGULATORY REFORM ACT OF 1982 (cont.)

SCHEDULE OF LIMITS For-hire motor carriers of passengers operating	S - PUBLIC LIABILITY in interslate or foreign commerce	
	Effectiv	/e Dales
Vehicle Seating Capacity	Nov. 19, 1983	Nov. 19, 1985
(1) Any vehicle with a sealing capacity of 16 passengers or more.	\$ 2,500,000	\$ 5,000,000
(2) Any vehicle with a sealing capacity of 15 passengers or less.	\$ 750,000	\$ 1,500,000

## Exhibit Fit, Willing, and Able (FWA)

Lighthouse Tours LLC			
1953:	Name o	of Applicant	
	D.O.T No.	_	ICC No.
1. Does Applicant have a	Safety Rating from the U.S.	D.O.T.?	
✓ Yes	O No	<ul><li>Pending</li></ul>	(Submit when received.)
	rating below and provide cop	y.	
Satisfactory	Conditional	O Un	satisfactory
<ol> <li>Have any of Applicant the past twelve (12) mo</li> <li>Yes</li> </ol>	s drivers or vehicles been pla onths? No	ices "out of serv	ice" by Transport Police safety officers in
O Yes	outstanding judgments again  No of judgement(s) against appl		1?
<ol> <li>Is Applicant familiar wi operations in South Sou</li> <li>Yes</li> </ol>	th all insurance regulations a th Carolina, and does Applic.   No	nd safety regula ant agree to oper	tions governing charter bus carrier rate in compliance with these regulations?
i. Is Applicant aware of the therewith?  Yes	e Commission's insurance red	quirements and t	he insurance premium costs associated

#### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Applicant's Signature

Partner

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH	CAROLINA )
COUNTY OF $\frac{7}{2}$	lorence }
SWORN	то вегоре ме
This $\underline{9}$ day	of May 2012
Shann R	. Washingto
Notary Public	My Commission Expire July 14, 2018
Commission Expires	

Detach, complete and remit AFTER your safety audit has been pe	erformed by State Transport Police.
--	-------------------------------------

Lighthouse Tours LLC
Applicant's Name

### Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and if familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

- 1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
- 2. Can produce a copy of the FMCSR and the HM regulations;
- 3. Has in place a driver safety/orientation program;
- 4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
- 5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);
- 6. Is in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

PLEASE CHE	CK THE APPROPRIATE RESPONSE BELOW:
<b>Yes</b>	Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe PMCSR general operational safety fitness guidelines. PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

○ Yes	Not Applicable
Any applicant who certif	ies they are in compliance with FMCSR and

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

I, \_\_\_\_\_\_\_, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME This 9 day of May ,20/2	Applicant's Signature
40	

Storm D. Waskington Notary Public

Commission Expires

My Commission Expires

July 14, 2018

Print Application

# y. 9. 2012 12:15PN

## The State of South Carolina



Office of Secretary of State Mark Hammond

## **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

LIGHTHOUSE TOURS LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on October 30th, 2009, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 2nd day of November, 2009.

Mark Hammond, Secretary of State

U.S. Department Transportation Federal Motor **Carrier Safety** 

Administration

JOHN DIXON PRESIDENT LIGHTHOUSE TOURS LLC 405 PARK ST TIMMONSVILLE, SC 29161 1200 New Jersey Ave., S.E. Washingto DC 20590

April 23,

In reply Your USDC Review No

Dear JOHN DIXON:

The motor carrier safety rating for your company is:

#### SATISFACTORY

This SATISFACTORY rating is the result of a review and evaluation of your safety fitness completed on April 11, 2012. A SATISFACTORY rating indicates that your company has adequate safety management controls in place to meet the safety fitness standard prescribed in 49 C.F.R. 385.5.

Please assure yourself that any specific deficiencies identified in the review report have been corrected. We appreciate your efforts toward promoting motor carrier safety throughout your company. If you have questions or require further information, please contact:

> U.S. DEPARTMENT OF TRANSPORTATION FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION 1835 ASSEMBLY STREET, SUITE 1253 COLUMBIA, SC 292012430 Telephone No.: 803-765-5414

> > Joseph P. DeLorenzo

Director, Office of Enforcement and

Compliance



## The Public Service Commission State of South Carolina

COMMISSIONERS
John E. "Butch" Howard, First District
Chairman
David A. Wright, Second District
Vice Chairman
Randy Mitchell, Third District
Elizabeth B. "Lib" Fleming, Fourth District
G. O'Neal Hamilton, Fifth District
Nikiya "Nikki" Hall, Sixth District
Swain E. Whitfield, At-Large

Jocelyn G. Boyd Chief Clerk/Administrator Phone: (803) 896-5133 Fax: (803) 896-5246

Clerk's Office Phone: (803) 896-5100 Fax: (803) 896-5199

May 17, 2012

TO:

Lighthouse Tours, LLC

405 Park Street

Timmonsville, South Carolina 29161

FROM:

Janice Schmieding, Clerk's Office

### YOUR APPLICATION IS BEING RETURNED FOR THE FOLLOWING REASON(S):

XXX	Insurance Quote – Form Enclosed - Needs to Be Completed and Submitted with the Application.
7.50	Other:

SHOULD YOU HAVE ANY QUESTIONS, PLEASE CALL (803) 896-5240.

cc Carole Chauvin, Office of Regulatory Staff (via e-mail)

MAY 29 ZU 125444 (01)20 (0)

## FORM E UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE

(EXECUTED IN TRIPLICATE)

Filed with	South Carolina Pu (Name of Comm	Iblic Service Comm	nolaaln	(hereina	ifter called Commission)		
	•	.1981ON )					
This is to certify	This is to certify, that the Columbia Insurance Company						
			(Name of C	ompany)	1		
(hereinafter called C	Company) of	3024	Harney Stre	et, Omaha, NE 681	31		
	——————————————————————————————————————			ss of Company)	· · · · · · · · · · · · · · · · · · ·		
has issued to		LIGHTHO	USE TOURS	SUC.			
			(Name of Mot				
of		AGE DARK OT	TO THE TIMES				
		400 PARK SI	(Address of Mo	ONSVILLE, SC 29	161		
			(	aci ounici)			
a policy or policies o	of insurance effective from	05/23/2	2012 1	2:01 A.M. standam	l time at the address of		
a incured stated in	said policy or policios and	مم الخديد مجانبطاهم		Z.OT A.W. Sizinuaru	tulle at the address of		
re msureu stateu ii	said policy or policies and	CONTINUING UNTIL COL	ncelled as pr	ovided herein, whic	th, by attachment of		
ne Unitorm Motor C	Carrier Bodily Injury and Pro	operty Damage Liab	oility Insuranc	e Endorsement, ha	us or have been		
amended to provide	: automobile bodily injury a:	nd property damage	e liability insu	rance covering the	obligations imposed		
ipon such motor ca	rrier by the provisions of th	e motor carrier law	of the State i	n which the Comm	iccion has Jurisdiction		
r regulations promi	ulgated in accordance there	awith	o • • • • •	ii wiiioii tile commi	100001 nas junsaicilon		
		+*************************************					
Whenever requ	ested the Company sarea	es to furnich the Ca-		undinaka autoto 1. A			
vinenever requ	ested, the Company agree	S to turnish the Cor	nmission a di	uplicate original of	said policy or		
olicies and an ende	orsements thereon.						
This certificate	and the endorsement desc	ribed herein may no	ot be cancelle	ed without cancellar	tion of the policy		
o which it is attache	ed. Such cancellation may	be effected by the (	Company or t	the incured diving t	hirty (3M days' notice		
n writing to the Stat	e Commission, such thirty	(30) days! potice to	campany or i	ane mearea giving t	mity (30) days house		
eceived in the office	e of the Commissioner.	(OU) days holice to	commence u	o iun irom the date	notice is actually		
	or the continuestoner.						
_							
Countersigned at _	3024 Harney Street	Omat	na	NE			
	(Street Address)			NE	88131		
		(City)		(State)	88131 (ZIP Code)		
nie	23rd	. ,,		(State)			
nis	23rd	(City)	May				
his	23rd	. ,,	May	(State)			
his	23rd	. ,,	May	(State) , 2012	(ZIP Code)		
his	23rd	. ,,	Мау	(State) , 2012	(ZIP Code)		
his	23rd	. ,,	Мау	(State)	(ZIP Code)		
his	23rd	. ,,	Мау	(State)	(ZIP Code)		
his	23rd	. ,,	Мау	(State) , 2012	(ZIP Code)		
his	23rd	. ,,	Мау	(State)	(ZIP Code)		
his	23rd	. ,,	May	(State)	(ZIP Code)		
		day of	May	(State)	(ZIP Code)		
his neurance Company	File No	day of	May	(State)	(ZIP Code)		
		day of	May	(State)	(ZIP Code)		

1,000,000 CSL

This form determined by the National Association of Regulatory Utilities Commissioners and promulgated pursuant to the provisions of Section 202(b)(2) of the Interstate Commerce Act (49 U.S.C. § 302(b)(2)) and 49 CFR § 387.301

F1;

1971 L